

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000005374**

**1. Entity Name  
EDUTAINMENT, INC.**



**Principal Place of Business  
10623 ASHFORD OAKS DR  
TAMPA, FL 33625**

**Mailing Address  
10623 ASHFORD OAKS DR  
TAMPA, FL 33625**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number 59-3698546</b>	<b>Applied For Not Applicable</b>
<b>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FUETTERE, LANNY  
10623 ASHFORD OAKS DR.  
TAMPA, FL 33625**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>FUETTERE, LANNY</b>
<b>STREET ADDRESS</b>	<b>10623 ASHFORD OAKS DR</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33625</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

100000379810  
01/10/06-80038-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.6.5**

Date

**813-610-6043**

Daytime Phone #